## STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT CLINTON COUNTY, ILLINOIS

|        |  |              | )            |                                      |  |  |
|--------|--|--------------|--------------|--------------------------------------|--|--|
|        | Petitio  | oner         | )            |                                      |  |  |
| VS.    |  |              | ) (          | Case No                              |  |  |
|        |  |              | )            |                                      |  |  |
|        | Respon   | dent         | )            |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        | Motion to  | [ ] Ext      | tend [       | 1 Modify                             |  |  |
|        |  |              | of Protec    | -                                    |  |  |
|        | Tienai   | y Oraci (    | 01110100     |                                      |  |  |
|        | Now comes the Petitioner and requ  | uests the co | ourt to exte | nd/modify the prior Plenary Order of |  |  |
| Protec | ction in this cause:   |              |              |                                      |  |  |
|        | [ ] for a period of  |              |              | [ ] No modification is requested.    |  |  |
|        | [ ] for a period of [ ] No modification is requested.  (not to exceed 2 years)                                       |              |              |                                      |  |  |
|        | [ ] until the order of protection is vacated or modified for the following good cause:                               |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        | <ul><li>[ ] No modification is requested.</li><li>[ ] Petitioner also requests the following modification:</li></ul> |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
| Date:  |  |              | /s/          | Signature                            |  |  |
|        |  |              |              | Signature                            |  |  |
| Subscr | ribed and sworn to before me on:   |              |              |                                      |  |  |
| Data   |  |              |              |                                      |  |  |
| Date.  |  |              |              |                                      |  |  |
|        |  |              |              |                                      |  |  |
|        | Notary Public  |              |              |                                      |  |  |

## **Proof of Service**

| l,   |                          | on oath, state        | e: I served this |
|--|--------------------------|-----------------------|------------------|
| Motion to Extend/Modify Order of Prote     | ection by mailing a copy | to:                   |                  |
| Name:                                      |                          |                       | <u> </u>         |
| Address:                                   |                          |                       | <u> </u>         |
| City, State, Zip:                          |                          |                       | <u> </u>         |
|  |                          |                       |                  |
| and depositing the same in the United St   |                          |                       |                  |
| (time) on                                  |                          | (date) with proper po | stage prepared.  |
| (Note: service is completed 4 days after a | date of mailing.)        |                       |                  |
|  | /s/                      |                       |                  |
|  | , , <u>—</u>             | Signatur              |                  |
|  |                          |                       |                  |
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|  |                          |                       |                  |
|  |                          |                       |                  |
| Prepared By:                               |                          |                       |                  |
| Name:                                      |                          |                       |                  |
| Address:                                   |                          |                       |                  |
|  |                          |                       |                  |
| City/State/Zip:                            |                          |                       |                  |
| Phone:                                     |                          |                       |                  |
| Email:                                     |                          |                       |                  |